

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

Forever Free PAC

ADDRESS (number and street) ▼

P.O. Box 14015

☐ Check if different than previously reported. (ACC)

Bradenton

FL

34280

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00572867

3. IS THIS REPORT ☐ NEW (N) OR ☒ AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- ☐ April 15 Quarterly Report (Q1)
- ☐ July 15 Quarterly Report (Q2)
- ☐ October 15 Quarterly Report (Q3)
- ☐ January 31 Year-End Report (YE)
- ☐ July 31 Mid-Year Report (Non-election Year Only) (MY)
- ☐ Termination Report (TER)

- (b) Monthly Report Due On: ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11) (Non-Election Year Only)
- ☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☒ Dec 20 (M12) (Non-Election Year Only)
- ☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

- (c) 12-Day ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
- PRE-Election** Report for the: ☐ Convention (12C) ☐ Special (12S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the State of

- (d) 30-Day ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)
- POST-Election** Report for the:

Election on

M M M / D D D / Y Y Y Y Y Y

in the State of

5. Covering Period 11 / 01 / 2015 through 11 / 30 / 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Curt Schultz

Signature of Treasurer

Curt Schultz

[Electronically Filed]

Date

06

15

2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Forever Free PAC

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y
 11 / 01 / 2015

To:

 M M / D D / Y Y Y Y Y
 11 / 30 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2015		0.00
(b) Cash on Hand at Beginning of Reporting Period.....	998.08	
(c) Total Receipts (from Line 19)	1897.12	45064.60
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	2895.20	45064.60
7. Total Disbursements (from Line 31)	1864.62	44034.02
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1030.58	1030.58
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	500.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Forever Free PAC

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		0	1		2	0	1	5		

To:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		3	0		2	0	1	5		

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	1008.80	34092.91
(ii) Unitemized	888.32	6058.64
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ►	1897.12	40151.55
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	1897.12	40151.55
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	4910.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	3.05
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	1897.12	45064.60
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	1897.12	45064.60

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	64.62	32626.98
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	64.62	32626.98
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	1800.00	6880.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	4410.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	117.04
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	117.04
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	1864.62	44034.02
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1864.62	44034.02

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	1897.12	40151.55
34. Total Contribution Refunds (from Line 28(d))	0.00	117.04
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1897.12	40034.51
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	64.62	32626.98
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	3.05
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	64.62	32623.93

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 12

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Forever Free PAC

Full Name (Last, First, Middle Initial)

A. Wyche Coleman

Mailing Address 10088 St. Bernard Dr.

City State Zip Code
 Sheveport LA 71106

FEC ID number of contributing
federal political committee.

C

Name of Employer

WK Eye Institute South

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

287.93

Date of Receipt

11 / 25 / 2015

Transaction ID : SA11AI.4478

Amount of Each Receipt this Period

25.00

☐ Memo Item

Donation

Full Name (Last, First, Middle Initial)

B. Barbara Harless

Mailing Address 709 Summer Place

City State Zip Code
 Murphy TX 75094

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Building and Grounds Cleaning and Mai

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

283.80

Date of Receipt

11 / 13 / 2015

Transaction ID : SA11AI.4465

Amount of Each Receipt this Period

283.80

☐ Memo Item

Donation

Full Name (Last, First, Middle Initial)

C. Susanne Rashka

Mailing Address 5203 pine mill ct

City State Zip Code
 tampa FL 33617

FEC ID number of contributing
federal political committee.

C

Name of Employer

JAMES A HALEY VA

Occupation

RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 25 / 2015

Transaction ID : SA11AI.4492

Amount of Each Receipt this Period

500.00

☐ Memo Item

Donation

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

808.80

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 12

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Forever Free PAC

Full Name (Last, First, Middle Initial)

A. gerard ripio

Mailing Address 1234 Lime Ave

City

Sarasota

State

FL

Zip Code

34237

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Construction

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

11 / 11 / 2015

Transaction ID : SA11AI.4459

Amount of Each Receipt this Period

200.00

☐ Memo Item

Donation

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

200.00

1008.80

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 8 OF 12

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Forever Free PAC

Full Name (Last, First, Middle Initial)

A. PayPal

Mailing Address 2211 North First Street

City San Jose State CA Zip Code 95131

Purpose of Disbursement
Paypal Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼
Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : SB21B.4504

Amount of Each Disbursement this Period

64.62

☐ Memo Item**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼
Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

☐ Memo Item**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼
Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

64.62

64.62

SCHEDULE C (FEC Form 3X)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 9 OF 12

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4334

Forever Free PAC

LOAN SOURCE Full Name (Last, First, Middle Initial)

Curt Schultz

☐ Memo Item

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address P.O. Box 14015

City Bradenton

State FL

ZIP Code 34280

Original Amount of Loan

500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

500.00

TERMS

Date Incurred

M M M /
07 /D D D /
01 /Y Y Y Y Y
2015

Date Due

M M M /
12 /D D D /
01 /Y Y Y Y Y
0011

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

500.00

TOTALS This Period (last page in this line only)..... ►

500.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 10 OF 12
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Forever Free PAC			FEC IDENTIFICATION NUMBER ▼ C C00572867	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y				
Full Name of Payee Super Brochure			<input type="checkbox"/> Memo Item	
Mailing Address P.O. Box 14015			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 03 / 2015	
City Bradenton		State FL	Zip Code 34280	Amount 300.00
Purpose of Expenditure Mailing, Processing, Fees		Category/ Type	Transaction ID : SE.4505 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 03 / 2015	
Name of Federal Candidate rand paul		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>	
Calendar Year-To-Date Per Election for Office Sought		4780.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
Full Name of Payee Super Brochure			<input type="checkbox"/> Memo Item	
Mailing Address P.O. Box 14015			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 05 / 2015	
City Bradenton		State FL	Zip Code 34280	Amount 300.00
Purpose of Expenditure Mailing, Processing, Fees		Category/ Type	Transaction ID : SE.4506 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 05 / 2015	
Name of Federal Candidate rand paul		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>	
Calendar Year-To-Date Per Election for Office Sought		5080.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			600.00	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Curt Schultz</i>		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 06 / 15 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 11 OF 12
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Forever Free PAC			FEC IDENTIFICATION NUMBER ▼ C C00572867		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Super Brochure			<input type="checkbox"/> Memo Item		
Mailing Address P.O. Box 14015			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 09 / 2015		
City Bradenton		State FL	Zip Code 34280	Amount 300.00	
Purpose of Expenditure Mailing, Processing, Fees		Category/Type 006		Transaction ID : SE.4507 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 09 / 2015	
Name of Federal Candidate rand paul			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate			District: _____ State: <u>IA</u>		
Calendar Year-To-Date Per Election for Office Sought 5380.00			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Super Brochure			<input type="checkbox"/> Memo Item		
Mailing Address P.O. Box 14015			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 16 / 2015		
City Bradenton		State FL	Zip Code 34280	Amount 300.00	
Purpose of Expenditure Mailing, Processing, Fees		Category/Type 006		Transaction ID : SE.4508 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 16 / 2015	
Name of Federal Candidate rand paul			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate			District: _____ State: <u>IA</u>		
Calendar Year-To-Date Per Election for Office Sought 5680.00			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			600.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Curt Schultz</i>			Date M M / D D / Y Y Y Y Y Y 06 / 15 / 2016		
			[Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 12 OF 12
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Forever Free PAC			FEC IDENTIFICATION NUMBER ▼ C C00572867		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Super Brochure			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 17 / 2015		
Mailing Address P.O. Box 14015			Amount 300.00		
City Bradenton		State FL	Zip Code 34280		Transaction ID : SE.4509
Purpose of Expenditure Mailing, Processing, Fees		Category/Type 006		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 17 / 2015	
Name of Federal Candidate rand paul			<input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Super Brochure			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 30 / 2015		
Mailing Address P.O. Box 14015			Amount 300.00		
City Bradenton		State FL	Zip Code 34280		Transaction ID : SE.4510
Purpose of Expenditure Mailing, Processing, Fees		Category/Type 006		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 30 / 2015	
Name of Federal Candidate rand paul			<input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			600.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶			1800.00		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Curt Schultz			Date M M / D D / Y Y Y Y Y Y 06 / 15 / 2016		

[Electronically Filed]